

MHDS BRAIN INJURY WORKGROUP

Ranked Recommendations

SUMMARY: The following three sections outline the final recommendation from the MH/DS workgroup from its 1/27/12 meeting.

- 1) The first section details the pre-existing and core brain injury services which are understood to have been approved by the Department of Human Services for inclusion in the redesign process to better bring what exists for brain injury into a more cohesive service system. Consequently the first section is not ranked but bulleted.
- 2) The second section lists ranked priorities from the workgroup for critical core services to meet the needs of Iowans with brain injury. These twenty items are awaiting a fiscal impact report from DHS.
- 3) The third section are five ranked code changes, that will result in low, or no, cost administrative shifts which will significantly improve the brain injury service system in Iowa.

1) Services understood to be already approved by the Department of Human Services to be included in the initial legislative draft.

These ten services are the **CURRENT CORE SERVICES** that the workgroup identified as currently being offered in Iowa. These are **NOT RANKED** and need not be so as they are not new recommendations. These ten items must be included in the initial legislation to ensure that there is no loss of services. These ten services are already being funded / budgeted for at some level.

➤ Neuro-Resource Facilitation, (NRF). (IDPH)
➤ Iowa Brain Injury Resource Network (IBIRN). (IDPH)
➤ Community Based Neurobehavioral Rehabilitation services funded through state Medicaid dollars. (DHS)
➤ Medicaid Home and Community Based Services (HCBS) Brain Injury Waiver program and services. (DHS)
➤ Post-Acute inpatient skilled nursing level of care and outpatient neurorehabilitation. (DHS)
➤ Medicaid-funded intensive neurobehavioral services at hospital, Nursing Facility, Skilled Nursing Facility, Intermediate Care Facilities for persons with Mental Retardation, and Community-Based services currently unavailable in Iowa to children and adults (Psychiatric Medical Institution for Children). (DHS)
➤ Other Medicaid Plan Services applicable to Brain Injury, e.g. hospital, Nursing Facilities, Skilled Nursing Facilities, Intermediate Care Facilities for persons with Mental Retardation, and Community Based Services. (DHS)
➤ Brain Injury Outreach Letter. (IDPH)
➤ Replace current assessment tools with standardized tool to assess cognitive, psychosocial and functional abilities and needs.
➤ Increase availability of acute to home neurobehavioral services to reduce out of state placements and bring people back to Iowa.

2) Ranked New Service Recommendations

These twenty service recommendation are changes or additions to the current brain injury service system in Iowa. The workgroup has ranked these in order of importance, impact and feasibility. The Department of Human Services is currently (as of 2/3/12) preparing a report on the fiscal implications of each of these twenty service recommendations.

<u>Rank</u>	<u>Recommendation</u>
1	Determine eligibility at the time of application for Medicaid Waiver funding abased on fiscal, functional and diagnostic criteria and referral to Neuro-Resource Facilitation.
2	Provide funding to eliminate waiting period for Home and Community Based Services Brain Injury Waiver and increase the monthly service caps and age limitations.
3	Increase availability of neurobehavioral services to reduce out of state placements and bring people back to Iowa.
4	Fund Neuro-Resource Facilitation to allow reasonable caseloads (not more than 250 clients per staff) and to develop veteran-specific Neuro-Resource Facilitation services.
5	Screen individuals for brain injury at all publically funded access points.
6	Expand the scope of the Residential Care Facilities specialized licensure to include brain injury.
7	Develop acute inpatient hospital-based neurobehavioral treatment programs to prevent out of state placement.
8	Deploy brain injury competency training and education in existing and new jail diversion and crisis intervention programs.
9	Review and revise funding mechanisms, rate structures, service definitions and reimbursement methodologies to emphasize and incentivize person-centered, community-based employment and interagency collaboration.
10	Develop a statewide, interdisciplinary brain injury consultation team made up of service providers knowledgeable about brain injury to provide case consultation on at risk, difficult or crisis cases within the regions.
11	Require regional and administrative hubs to participate as Iowa Brain Injury Resource network sits with adequate funding for regional brain injury information and resource materials.
12	Develop and deploy a comprehensive web-based brain injury resource information and services database/directory.
13	Improve time for receipt of outreach letters generated from the Brain Injury Registry.
14	Provide and increase funding for unfunded Brain Injury Service Program cost-share component at the Iowa Department of Public Health.
15	Reinstate funds to support a full time staff person assigned to the Governor's Advisory Council on Brain Injuries (or Brain Injury Services Commission) at the Iowa Department of Public Health.
16	Deploy and expand services to engage survivors of brain injury and their families in ongoing education, peer support, mentoring and advocacy.
17	Deploy and expand tele-health services for brain injury and multi-occurring disorders.
18	Provide flexible and reliable transportation services for rehabilitative, medically necessary care and community integration purposes for non-Medicaid eligible individuals.
19	Develop and deploy a follow-up outreach service for those served by the Brain Injury Resource Network.
20	Deploy phone follow-up service to individuals receiving the Brain Injury Registry outreach letter.

3) Ranked Administrative Recommendations

These five items are administrative “fixes” only that will result in better planning, services and support with little to no fiscal impact. It is recommended that these be placed in the legislative language to enhance brain injury services in Iowa. These five items are ranked in order of importance, impact and feasibility.

<u>Rank</u>	<u>Recommendation</u>
1	Amend Iowa Code Chapter 135.22 Brain Injury Registry to align with the brain injury definition in IAC 441-83.81 and require the Brain Injury Registry notification in administrative rule.
2	Require and develop specific brain injury training/certification process for brain injury case managers utilizing current training methods to include online waiver training at DHS and the College of Direct Supports.
3	Require specialized brain injury training for all direct service providers across the system utilizing the existing DHS online Brain Injury Waiver training and expand brain injury modules in the College of Direct Supports program.
4	Rename the Governor’s Advisory Council on Brain Injury to Brain Injury Services Commission and expand to become the brain injury state policymaking body.
5	Form and provide administrative support for an Iowa interagency, intra-governmental Brain Injury Coordinating Committee to explore state and federal funding opportunities.